must be notified at once

STATE OF MARYLAND

1	REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO.		
V	DECEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE C	F DEATH MONTH	DAY YEAR	26. HOUR
	1	John	Gu	ıstav	A11	lspach		January 1	1, 1981	9:05A
1	3 SEX		4 RACE		5 DATE C			YEARS LAST BIRTHOAY)		
1	Male		Whit	e	May	4, 1895	5	85 YRS	1, 1981 9 IF UNDER LYEAR IF UN MONTHS GAYS HOU IY OF DEATH IVE 126 KIND OF BUSINDUSTRY Co.	HOURS MIN
4	70. BIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIE		o <mark>re city <u>or</u> coun</mark> Kent	TY OF DEATH	M
1	I CITY OR TOWN OF	DEATH			NG HOME C	OR OTHER INSTITUTIO	N 12e USUAI	OCCUPATION		OF BUSINESS OR
1	Chesterto		Kent		Annes	Hospital		RK FOR MOST OF WORKING 1 Broker	LIFE INDUSTRY	Coal
	USUAL RESIDENCE (# 130 STATE Maryland	136 COUNTY Ket	MIA	GIVE RESIDENCE BEFOR	VN	134. INSIDE CITY LIM	_ 1 1/1/2	ADDRESS Water Str	eet	
C	John	Ge	MEDILE Borge	Allspac	h	15 MOTHER'S MAID! Maria		Theresa	Sen'	řf
1	160 WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRESS		
	No	No 181-09-5957 Hospital Records, Chesterto								
1	PART I. DEAT	IMMEDIA'	E CAUSE (o)	Com	truck	· Lecopar 1	ry		-	months.
	Conditions, if gove rise to cause 101, underlying c	any, which immediate stating the cause last	DUE TO, O	R AS A CONSEQUE	JENCE OF	MOT RELATED TO THI	E TERMINAL DISEA	SE OR CONDITION C	3 SIVEN IN PART 1	aeus
	Conditions, if gove rise to cause 101, underlying c	any, which immediate stating the cause last	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEOU	DEATH BUT	NOT RELATED TO THI	E TERMINAL DISEA	OPSY? 200. IF Y	ES, WERE FIND	(a)
	Conditions, if gave rise to cause 101, underlying of PART 2 OTHER PART 2 OTHER 1% DATE OF OF OP	any, which immediate stating the ause last SIGNIFICANT (DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 196 COND 197 COND 198 COND 198 COND 198 COND 198 COND	R AS A CONSEQUE	DEATH BUT	N WAS PERFORMED	20e AU1	OPSY? 20h. IF Y	YES, WERE FINDS TIFYING CAUSE YES []	(a) INGS USED S OF DEATH?
	Canditions, if gave rise to cause 101, underlying of the last of	any, which immediate stating the cause last SIGNIFICANT (DUE TO, O (b) DUE TO, O (c) 196 CONDITIONS CC 196 COND 216 TIME O HOUR A. 210 PLACE	R AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO	N WAS PERFORMED	20e AU1	OPSY? 20h. IF Y	YES, WERE FIND TIFYING CAUSE YES YES 8, PART I OR PART 2)	(a) INGS USED S OF DEATH?
	Canditions, if gove rise to cause rai, underlying or course rai, underlying or CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIFY, AT WORK AT WORK 120. E certify the saw the de obave, (III.)	any, which immediate stating the cause last SIGNIFICANT (CERATION CONTROL CAUSE OF DE, MEDICAL EXAMINER) CURRED LAT WORK CONTROL CONTR	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND THE PLACE (AT HOME, STE	R AS A CONSEQUENTRIBUTING TO OTHER WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceased from	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET AND 9 19 0	200 AUT YES CCURRED LENTER N	OPSY? 20b. IF Y IN CER' NO IN CER' NO IN TEM II OUT OR TOWN	COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) last
	Canditions, if gave rise to couse (a), underlying or part 2 OTHER PART 2 OTHER 19a DATE OF OP 21a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY, 124, IN JURY OC. WHILE AT WORK 120 E certify the	any, which immediate stating the cause last SIGNIFICANT (CERATION CONTROL CAUSE OF DE, MEDICAL EXAMINER) CURRED LAT WORK CONTROL CONTR	DUE TO, O (b) DUE TO, O (c) 19b CONDITIONS CO 19b CONDITIONS CO NTH HOUR A. PLACE (AT HOME, STE tal) attended the	R AS A CONSEQUENTRIBUTING TO OTHER WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceased from	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21c HOW INJURY O	POCCURRED ENTER N	OPSY? 20b. IF Y IN CER' NO IN CER' NO IN TEM II OUT OR TOWN	COUNTY	INGS USED S OF DEATH? NO STATE , that (1) (we) last e causes stated
	Canditions, if gove rise to cause rai, underlying or course rai, underlying or CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIFY, AT WORK AT WORK 120. E certify the saw the de obave, (III.)	any, which immediate stating the cause last SIGNIFICANT (DERATION SUNDERLYING CAUSE OF DE, MEDICAL EXAMINER) CURRED 101 WHILE CAUSE OF DE, MEDICAL EXAMINER) CURRED 11 (I) (this haspiceased alive and Cause of De, Medical Examiner) 12 (I) (did no E	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216 TIME O HOUR A. P. 216 PLACE: (AT HOME, STA tol) attended th	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceased from 19 ofted death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	216 HOW INJURY OF THE PHYSIC PHYSIC 220 ADDRESS	POCCURRED ENTER N	OPSY? 20b. IF Y IN CER' NO IN	COUNTY	INGS USED S OF DEATH? NO STATE , that (1) (we) last e causes stated

VERGROCK

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the me

should be detached for use as the burial transit permit. Then please remove carbon party with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

236. BURIAL, CREMATION, REMOVAL 236. DATE ISPECIFY!

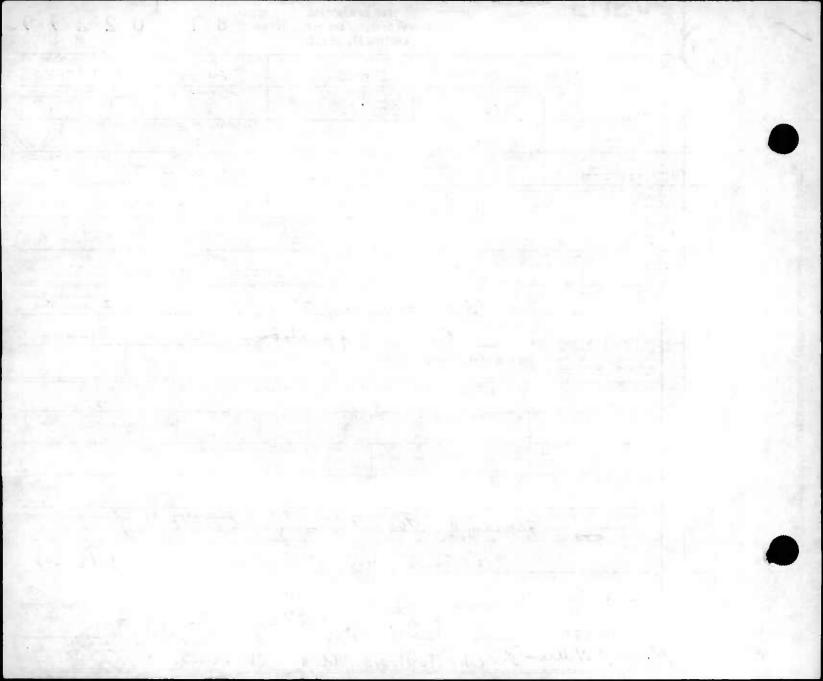
C. REMATICN
24 FUNERAL DIRECTOR

WARNEL OF THE PROPERTY O

ChESTERTOWN, Md

WILMINGTON DEL.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



TO HOSPITAL AN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thineral direction and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DEPART	ME	M1	0	F	HE	ALI	гы	AND	MEN	T.

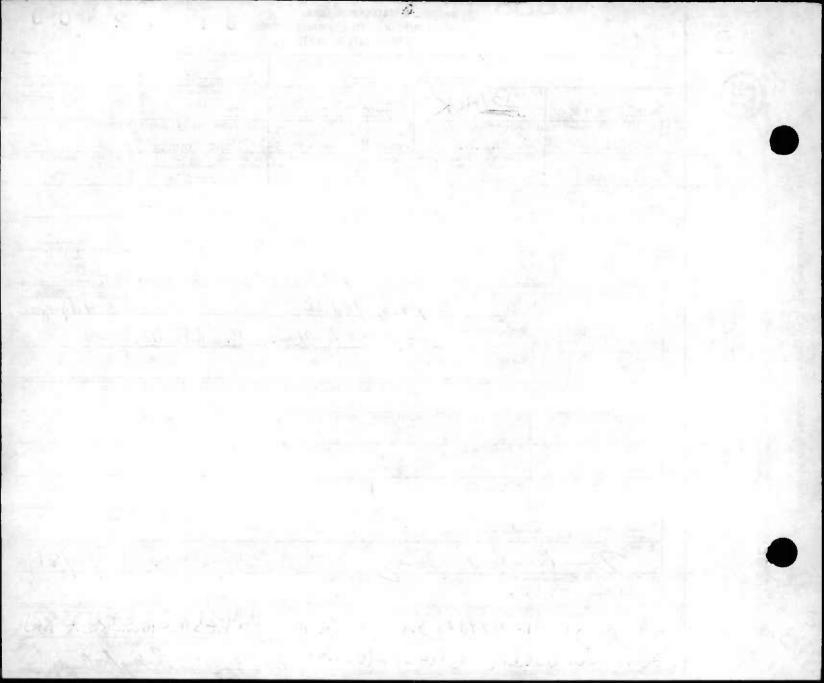
AL HYGIENE

2 3 0 0

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		100
1. DECEASED NAME	FIRST	A	NODLE	ı	AŚT	70. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
The Carriery	Elizabe	th I	Tenrietta	В	lack	January 1	, 198	1	12:3
Female		ACE 3	ACK	S DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	rhday) YRS	IF UNDER I YEAR	HOURS MI
BIRTHPLACE (STATE O COUNTRY) Maryland	REOREIGN 76 C		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
10 CITY OR TOWN OF D		NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	Kent Co	ION	126. KIND C	F BUSINESS
Chestertow	n Th	e Kent		en An	ne's Hospital	Housewi		FE) INDUSTRY	
USUAL RESIDENCE (IFNI 136 STATE Maryland	13b COUNTY Kent	R INSTITUTION,	Chester	N	134 INSIDE CITY LIMITS?	Rte. 4, B	ox 47	7	
14 FATHER'S NAME Wesley	MIDDL N	e MN	Brown		is. mother's maiden na/ fmst Harrie	MIDDLE	ietta	LAS	Murrav
160 WAS DECEASED EVI 1455, NO OR UNKNOWN) NO	R IN U.S. ARMED 1 IF YES, GIVE WAR		218-30		Medical Rece	ords Cheste		21	620
Conditions, if a gove rise to it cause (a), sta underlying case	mmediate ting the ise last.	DUE TO, OF	R AS A CONSEQUE	T.Z INCE OF	and Chron		ailen	3 -4	day
PART 2 OTHER SI					NOT RELATED TO THE TERM	200 AUTOPSY?	20h. IF YE	S, WERE FINDIN	NGS USED
OR CONTRIBUTING [(IF EITHER, NOTIFY ME) 216 INJURY OCCU	CAUSE OF DEATH DICAL EXAMINER)	P./	M. MONTH DA	19	211. HOW INJURY OCCURS 211 LOCATION STREET			PART 1 OR PART 2)	STATE
274 PHYSICIAN'S	(1) (this hospital) osed alive an Ji (did) (did not) vie	anuary	e deceased from 19 offer death.	81, ar	DEGREE ATTENDING PHYSICIAN [, to Januar death occurred on the d MEDICAL STA DIRECTOR PHYSIC	ate and ha		
Michae.		Bb. DATE	1981)		Chesterton EMETERY OR CREMATORY	Vn. Maryland	d 2162 €	COUNTY	STATE
24 FUNERAL DIRECTOR		0	ADDRESS	SFA		E REC'D. BY REGISTRAR			URE

DHMH-16 25M (VRA 15, 4) 1/79

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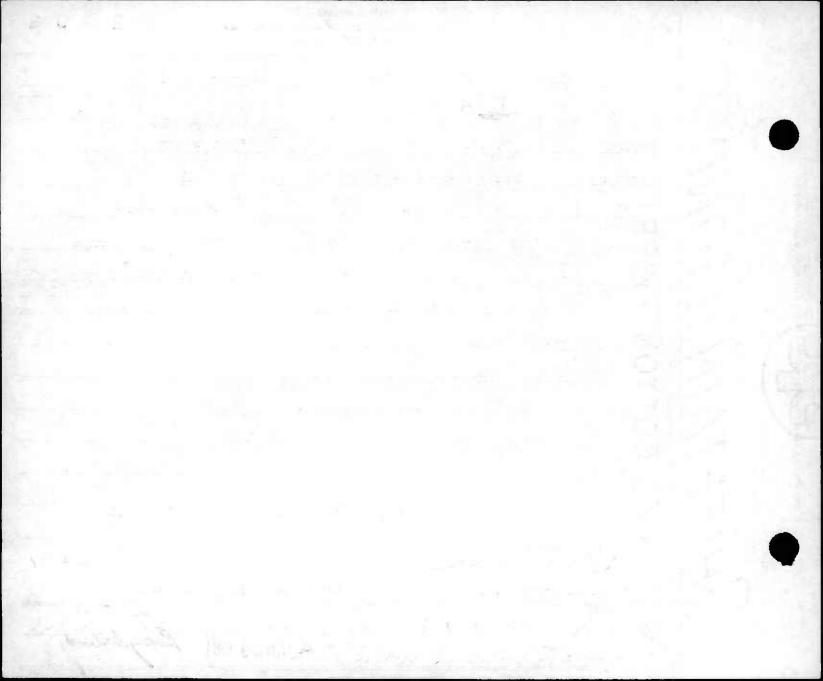
	1 DE	REGISTRAR EASED NAME FIRST	MIDDLE	L	AST	REG. NO		YEAR	26. HOUR
	{TYPE	Benj	amin NMN	Bro	own Sr.	January 14,	1981		8:45
	3 SE		4 RACE	5 DATE O		& AGE IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24
13		Male	Negro	Marc	h 1, 1883	97	YRS		
2	C	RTHPLACE (STATE OR FOREIGN BUNTRY) arvland	U.S.A.	RY? I MARRIEI	NEVER MARRIED	Kent Coun	_	FDEATH	
ou age	10 CI	Chestertown	11. NAME OF HOSPITAL, NUI I IF NOT IN SUCH FACILITY, GIVEST Kent & Queen A	REET ADDRESS)		12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Farm Hand	NC	IZE KIND OF INDUSTRY Farmi	
E Car	USU/ 130 S	L RESIDENCE IF NURSING HOW TATE 13b CO	DUNTY 13c CITY OR T	EFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
500	_	aryland	Kent Cheste	ertown	YES 🛛 NO 🗌	211 Queen	Street		
ical exa	14 FA	THER'S NAME FIRST	MIDDLE Brown		15 MOTHER'S MAIDEN NAV	WE		LAST	
med		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	ECURITY NO	17 INFORMANT	ADDRE	SS		
event, the	1,	es, no or unknown) (if yes,	GIVE WAR OR DATES) 220-0]	220-01-6482 Hospital Records-Chestertown				Marv1	and 2
shows any injury,	CERTIFICATION	Hype fly	NT CONDITIONS CONTRIBUTING			20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		<u> </u>		110
	S.	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TOW	M.	COUNTY	STAT
marked or	MEDICAL	AT WORK						0.1	
em 21 is marked	MEC	27a.1 certify that (1) (this has sow the deceased alive	orphal) attended the deceased from January 14 1	9 <u>81</u> , on	nd that in (my) (apinion o	, to January death occurred on the do		nd from the c	
NT: If Item 21 is marked	MED	27a.1 certify that (i) (this has sow the deceased alive above, (i) (did) (did) (did) (27b. SIGNATURE	on January 14	9 <u>81</u> , on	DEGREE ATTENDING PHYSICIAN		ite and hour a	nd from the c	auses state
Min the State Dept. Of health and wer IMPORTANT: If Item 21 is marked or	MEC	27a 1 certify that (I) (this base) sow the deceased alive above, (I) () (did) (did)	on January 14 Deview the body after death. DEPERMENT)	9 <u>81</u> , on	od that in (my) (apinion o	MEDICAL STAF	F	nd from the c	SIGNED

STATE OF MARYLAND

JAMES 1981 Fragy Section

	1	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 1	0 2	2 3 9	2
- (1		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HC	OUR
y be ige 3 leath		(1176	Will	iam	James	Bro	own	January 20	, 1981	5:0	00 \$
1 1	3	. SEX		4. RACE	1004	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNI		DER 24 HRS.
\$ (19AM)			Male	Ne	INCE	Marc	n 7, 1956	24	YRS.		
T CANA	7	a. BIR	THPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY C		EATH	
BU	10		aryland Y OR TOWN OF DEATH	U.S		WIDOWE	D DIVORCED DIVORCED DIVORCED	Kent Cou			MD.
y the furthed with	7			(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	b. KIND OF BUSIN	NESS OR
n by n by se no	7 /		Chestertown L RESIDENCE (IF NURSING HOME O				Hospital, Inc	Disabled		-	
tely filled is 2 should be incr must b	35	30. S Ma	ryland Ken	NTY	Chester	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 216 Calver	t Street		
	I po	L FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
omple omple	10			ford		r.	Martha	Mae		parks	
e execu n and c Pages medica	1		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
rtificate be e g physician a an papers. Pa emaval.			No -		1/2)		Hospital Rec	ords, Chest	ertown,	Maryland APPROXIMATE INT BETWEEN ONSET AP	
requires that the death ce in signed by the attendin Then please remove carb ir to burial, cremation, or injury, or ather traumatic		NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO D		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART I(o)	
he law re ion. hos been it permit. I iene prior	9	CERTIFICATION	9a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS US CAUSES OF DEA NO	ATH?
SICIAN: The ng physician certificate huial-transit pental Hygier term 18 shay	100		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	PART 2)	
DING PHYS or attending After this of se as the bur alth and Me		MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		21f. LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
ATTENDIN spital or CTOR: Af I for use a 1 for use a			220 I certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no	Jan	uary 20,8		d that in (my) (aur) apinian	, to January death accurred on the d	ate and haur and	from the causes	stated
TAL OR by the hor RAL DIRE detached tote Depth tote Dep			22b. SIGNAT	30	u		ATTENDING PHYSICIAN [MEDICAL STA	FF	1/2 2	
TO HOSPITAL etained by it TO FUNERAL should be det with the State	1		Robert W. Fa	rr, M.D				n, Maryland	21620		
BP		3	JRIAL, CREMATION, REMOVAL	23b. DATE	4-81 235	AC C	MECK HAIL	23d. LOCATION CITY OR TOWN	To Ly	NTY. A	Tang.
DHMH-16 30M 2/80 (VRA 15, 4)	2	4 FU	NERAL DIRECTOR	TW6	ADDRESS	res	TES-TUIN JAN	29 1981	propriet	recounty.	1

STATE OF MARYLAND

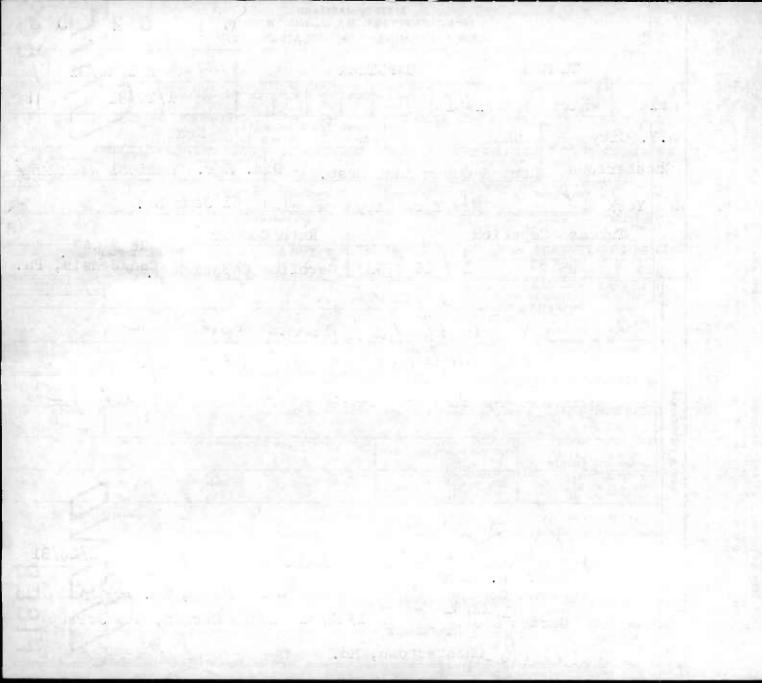


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TOP		REGISTRAR		MEDIC	AL EXAMIN	ER'S CERTIFIC	CATE OF DEA	ATH REG. N	٧٥.	
	# 4. 2. 2. F.		CEASED NAME E OR PRINT)	THOM	AS		STICK		20. DATE KNOWN (OF ESTI- DEATH MATED	□ MONTH DAY 1/20/8	YEAR 26. HOU
	ESSARY, PLEAS BAL DIRECTOR R YOUR FLES HIN 72 HOUR RSTON STREET	3. SEX	ale	*RACE white	S. DATE OF BIRTH MONTH DAY 3/20/193	EAR LAST BIRTHDA	Y) MONTHS DAYS	IF UNDER 24 HRS.	PRONOUNCED 1/	20/81 DAY	YEAR 2d. HOUS
	N N N N N N N N N N N N N N N N N N N		RTHPLACE (ST		76. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED NEV	/ER MARRIED DIVORCED	9. BALTIMORE CITY Kent	OR COUNTY OF DE	ATH
	PAGE S BE FILED.	C	hester	town		een Ann	e Hosp.	Dist Por	Mgr. Che	mical We	D OF BUSINESS INDUSTRY ek Magi
1201	RETAIN PERTAIN RECORD	13a. S		THE COUNT	R OTHER INSTITUTION, GIVE RESI TY 13c. New	CITY OR TOWN	13d. INSIDE CI	TY LIMITS? 13e, STR	Seet ADDRESS 51 Jane S	St.	ZIII
E, MD. 2	GES 1, 2, MA PM 3, AND 2 S			nomas (Capstick	LAST	R	r's MAIDEN NAME uth Cont	nor	Rt # 44	AST 7
ALTIMO	S AFTER GIVE PAG ITH FOR VISION O	{Y	VAS DECEASEI ES, NO, OR UNKNO YES	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES) 166	7 26 27	200		1.	Canadens	
DI W. PRESTON ST., B.	JIED WITHIN 24 HOUR A PENCIL IN ITEM 18. (SXAMINER ALONG W IAL-TRANSIT PERMIT. P MENTAL HYGIENE, DN DR REMOVAL.	Section 1	PARTIDE Condition gove ri	IMMEDIATE Ins, if ony, which se to immediate storing the under-	ly one couse per line for (o DBY: TE CAUSE (o)	asci	of pre	rious he	savata	BETWE	ROXIMATE INTERVAL
RECORDS, 301	MEDING" II MEDICAL AS A BUR ALTH AND MATION,	NOI	3.45	ama	CONTRIBUTING TO DEATH BUT NO PENTLE OF	T RELATED TO THE TERM	NAL DISEASE OR CONDITION	valfring	s out to	puch o	top
AL	SHOULD ORD "PE CHIEF BE USED T OF HE STAL, CRE	RTIFICAT	E (13.	OPERATION		FOR WHICH OPER			,		ES NO
ISION OF VIT	SHOULD BE WOOD THE WOOD THE WOOD THE SHOULD BE PARTMENT OF TO BURL	MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE OF I	DEATH P.M.	NTH DAY YEAR 19 JURY (ATHOME,	21f. LOCATION	OCCURRED (ENTER	NATURE OF INJURY IN ITEM 1		
VIG	E, WRITH RWARDE PAGE 3 STATE DI	WE		NOT WHILE C	STREET, FACTORY, F		STREET	LX	CITY OR TOWN	COUNTY	STATE
	EXAMINER CERTIFICATI ULD BE FOI DIRECTOR: , WITH THE		deoth result		e of the remains describe		Autopsy, cide, Homic	PECIFYA	termined monner	ond in my opinion], $_{ m DATE}$	20/81
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S (TYPE OR PRI	Robe	ett W. Far	The second second	M.DADDRESS_	Cheste	rtown. Mo	Lut C	O ^
	BP AFTER BATTER	1	urial,crema remat	TION, REMOVAL 2	The second line is not a second line in the second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a se	3c. NAME OF CEA	1/22/8	North	h Bergen,	New Jer	
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	2 F	INERAL DIRECT	Olisto	ells Che	remator stertown		JAN 2.3	RYREGISTRAR 256. REG	GISTRAR'S SIGNATU	JRE ·



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may line the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dill for its should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 12 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

	REGISTRAR					ICAIC OF DEATH	REG. N	Ю.		
	EASED NAME	FIRST		MIDDLE		AST	2r. DATE OF DEATH	HTHOM	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	Harve	y	NMN	C	oleman	January 1	, 198	1	10:30 4
3. SE)	(4 RACE		S DATE O		& AGE (IN YEARS LAST BIR	THDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	Male		Whi	ite	Augu	st 2°, 189°9°	81	YRS.	MONTHS DAYS	HOURS MIN
n. Bil	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8	D .NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH			
-	Maryland		U.S.	.A.	WIDOWI		Kent C	county		M
	or town of the stert of the sterior o		LIE NOT IN S	HOME ACTURY CINE STREET	ADDRESSI	nne's Hospita	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST of Carpent	OF WORKING L		F BUSINESS OR
3R S	u RESIDENCE (# N TATE Maryland	13N COU	R OTHER INSTITUTION TY	N, GIVE RESIDENCE BEFORE 131. CITY OR TOW ROCK Ha	N	134 INSIDE CITY LIMITS?	13r STREET ADDRESS Genera	l Del	ivery	
4 FA	THER'S NAME FIRST		WIDDLE	Coleman		15. MOTHER'S MAIDEN NAME FIRST Drucilla	WE		Godfre	y
	AS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
(4	es, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	218-12-	1420	Medical Reco	rds Chester	town,	Marylan	nd 21620
CERTIFICATION	Canditions, if a gave rise to cause (a), strunderlying ca	ny, which immediate atting the use last	DUE TO,	OR AS A CONSEQUE CONTRIBUTING TO E CONTRIBUTING TO E DITION FOR WHICH	DEATH BUT	ach Post	INAL DISEASE OR CON Section 200 AUTOPSY? YES NO	20b. IF YE	VEN IN PART 16	NGS USED
MEDICAL CER	AT WORK — AT	CAUSE OF DE. DICAL EXAMINER JRRED WHILE WORK	21r. PLAC JATHOME, S	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 ARM, ETC)	211 LOCATION STREET Der 29 19 80	CITY OR TO	wn	COUNTY	STATE that (I) (we) los
	saw the dece	ased alive an	Januar	cv 1 19	81	nd that in (my) (aur) apinion (death accurred an the a	ate and ha	ur and fram the	causes stated
	226. SIGNATURE	15.1	1 hu		1)	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [7]	22c. DATE	SIGNED
23a B		u Wun	M.D.	122.	IAME OF C	22R ADDRESS	n, Maryland		0	
230 B	URIAL CREMATIO PECIFY) buria		1-4-			on Cemetery	Crumpton	, Q.A.	CO. I	Id.
24 FU	NERAL DIRECTOR			ADDRESS		25e. DATI	REC'D. BY REGISTRAR	25b. RE@18	TRAR'S SIGNAT	RE
He	lfenbein-	-Hubba:	rd Fune	ral Home,	Chest	er, Md. 2 619	1 0 1301		1.7	

Helfenbein-Hubbard Funeral

. O C S S C T C Example services 18d 3 VAL ... in section of the configuration of th . Page 4 may be

					STATI	E OF MARYLAND	O 1	0	0 1	0	a a
1	FOR - STATE			DEPARTA		EALTH AND MENTAL HYG	IENE O	U	20	U	3
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		4-6-		
	CEASED NAME	FIRST	,	AIDDLE	ŧ.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
(110	CORPRINTS	Mint	ie	Alice	E	berlin	January 4,	1981		2:28	R
3 SE	x		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 I	HRS
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JR B	IRTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE!	D NEVER MARRIED	1 BALTIMORE CITY	R COUNTY OF	DEATH		
	Pennsylvan	ia	U.S.	Α.	WIDOWE		Kent	County			MD.
	ity or town of DE. Chestertow		LIE NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	or other institution nne's Hospita	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		NDUSTRYS		
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	Maryland		Kent	Cheste		YES NOX	R.D. 1 Bo	x 672			
	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST		
	Mose	es	Modic	Eber.	lin	FMSE11a	Model	Wier	n 'a		
16a.	WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	SS	216	20	
· ·	No	1	e man on Dailes;	179-07-	7141	Hospital Re	cords, Ches	tertown.	Mary	land	
	II CAUSE OF DEAT	H (Enter a	nly ane cause per	line for (a), (b), and	d (c). (1 /1			APPROXIA BETWEEN O	MATE INTERVAL	ATH
	PART I. DEATH W		ED BY TE CAUSE (0)	Ventria	clar	Arry thrain	2		24	hours	
	4290)	DUE TO, O	R ASA CONSEQUE	NCE OF 1	1 / /	1.01				
	Conditions, if any		((b)_	Congest		Karl Failure	sith Cardi	meg dy	198	10	
	gave rise to im- couse (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	, , ,	. 0		10		
	underlying couse last. Due to, or as a consequence of Condiones cales Discase 1970										
NO	PART 2 OTHER SIG	VI FE	100	hitributing to E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	,	
CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W			
TIFK	Transition of						YES NO	IN CERTIFYIN		NO [
CER	210. ACCIDENT WAS UN			FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)		
Y.	OR CONTRIBUTING		AIR		19						
MEDICAL	214 INJURY OCCUR		21R PLACE	OF INJURY	ARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
2	AT WORK AT WO	DRK D	(Al thome, sin	ice, ractori, orrice, r	ARM, ETC.)						
	220.8 certify that (I)				Janu	ary 1 19 81	, ₁₀ Januar	y 4 19	81,	hat (I) (we)	last
	saw the deceas abave, (1) (we) (ed alive ar	Januar	after death.	81 or	nd that in (my) (aur) apinian	death occurred an the d	ate and have an	d from the c	auses state	d
	226. SIGNATURE		0			DEGREE			22c DATE S	GNED	
	Jus	on K.	Koos	MO		ATTENDING PHYSICIAN	MEDICAL STA	IAN []	1/5/	81	
	226. PHYSICIAN'S N					22R ADDRESS					
	Susan K.	Ross	, M.D.			Chestertown	n, Maryland	21620			
	BURIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	1 4 (00	INTA	STATE	
C	remation	1	Jan. 7	, 1981	Lan	sdale Crema		63	A" A	-	
24. F	UNERAL DIRECTOR	1	100	ADDRESS		25e. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATI	IRE	
1	At 1) 1VV	11)	OlVa C	hestert	own,	Md.	N 3 1301	/			

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 12h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medito-examiner murrie hogified.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

Grander Arreghance Conference House for June and Broken Sty A Committee of the American The property of the state of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL ATTENDING PHYSICIAN retained by the hospital or attending physician.

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Page 4 may be

FOR 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

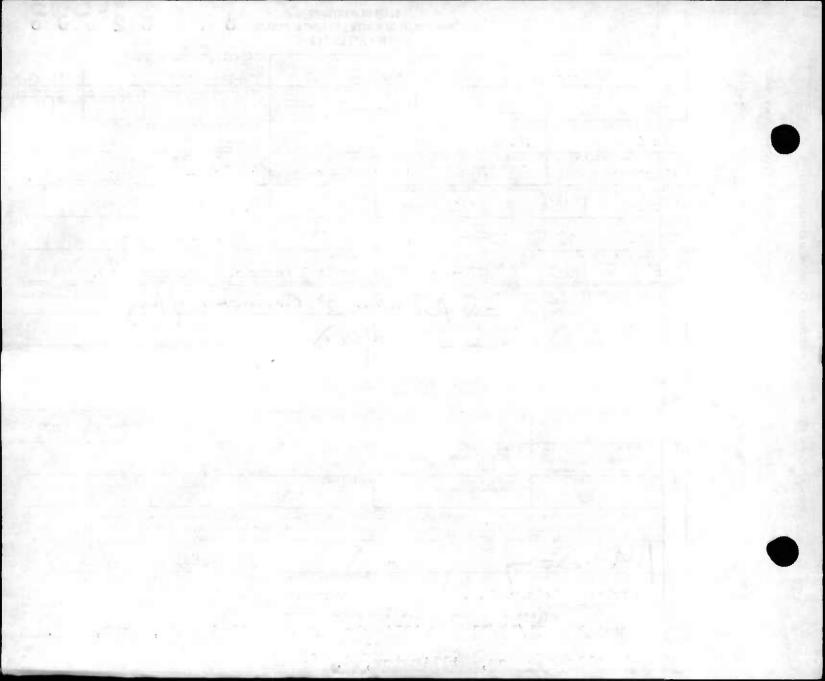
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1		REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	40			
		CEASED NAME OR PRINT)	FIRST		MIDDLE	UNIO.	LAST	20 DATE OF DEATH		AY YEAR	2h HOUR	
	(III)		ellin:	ton	NMN	Ellsw	orth	January 1	0. 198	1	9:15 A	
	3 SEX			4 RACE		5 DATE	OF BIRTH	& AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Ma	ale		White		Febr	uary 8, 1925	55	YRS.	ONTHS DAYS	HOURS MIN.	
	7a. BIF	RTHPLACE STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OF DEATH			
1	Mi	chigan		U.S.A.		WIDOW		Kent			M	
- Company		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HEACILITY GIVE STORET	ADDRESS)	rother Institution 's Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Installer	OF WORKING LIFE	INDUSTRY	of Business of hone Co.	
	13a S	AL RESIDENCE (IF NUR.	13b COUN Kent	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	P.O. Box		Tozopi	none oo	
10		THER'S NAME eslie	NMN ^	E11s	sworth D	EC	Elva 1	VMN Edward		EC	51	
	16a W	WAS DECEASED EVER IN U.S. ARMED FOR (185, NO OR UNKNOWN) (18 YES, GIVE WAR OR DA			373-20-2		IT INFORMANT	ADDI		n Md		
		es WWII 373-20-2867 Hospital Records, Chestertown, Md.										
	CERTIFICATION	Conditions, if ony gove rise to imm couse (o), static underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA	mediate ng the e lost.	ONDITIONS CO		DEATH BUT	POLICE ON THE TERM	200 AUTOPSY?	20h. IF YES, IN CERTIFY	, WERE FINDING CAUSES	NGS USED S OF DEATH?	
		218. ACCIDENT WAS UN OR CONTRIBUTING		110110		YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	VES		ио 🗌	
	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P. 21e PLACE		19	211. LOCATION					
	MEC		HILE [REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE	
		22a I certify that (I) sow the deceas bove, (I) (we) (ed alive on.	Januar	y 10 19 8		nd that in (my) (our) opinion (, to <u>Januar</u> death occurred on the		and from the		
		" Vale	Da	~		4	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	22c. DATE	3/8/	
		Patrick		Street Land	ſ.D.		Chestertown,	Md.21620		7	/	
	23a. B	URIAL, CREMATION,		236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	24 E1	BIZPIS JNERAL DIRECTOR	L	1/14/	81 M:	ılli	ngton Asbury	Milling REC'D. BY REGISTRAL		Kent.	Md.	
		NAME	7	0 0	ADDRESS		21051	20 A d day	REGISTR	AK 3 SIGNAL	OKE	
	EG.	ward Fel	LOWS	& Son	, Milli	ngto	n, Md.	N 7 TQQ1	Point	E. Bear	17	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner



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	O HOSPITAL CONTINUOUNG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after deam. Petained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral/di should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 ho with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	0 %	548

FOR STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

ELIZABETH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR MIDDLE January **GRAYBEAL** 10, 1981 C.

010					771
3.5			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
a sector.	female v	vhite Octőő	er 20,1889	91	MONTHS DAYS HOURS MIN
10 Jan 10.	BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	20,2007	9 BALTIMORE CITY OR COUNT	CV OF DEATH
thin 72 h	Maryland	TT CT A MARRIE	D NEVER MARRIED		
		WIDOW		Kent	MD.
0 > 0 1	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPATION	126. KIND OF BUSINESS OR LIFE) INDUSTRY
the state of the s	estertown	MaighiokilainyHastel Address) Nur	sing Center	Housewife	11003111
S S S USI	JAL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS			
D P S M	d. Kent	Chestertown	134 INSIDE CITY LIMITS?	Magnolia Hal	1
2 2 2	ATHER'S NAME	Ollestel town	YES NO		
d 2 dete	Wentzell ^M	DDLE C - 1 1 LAST	15 MOTHER'S MAIDEN NAM	WIDGE	Not known
E 6 170	wentzell	Sermer			NOC KIIOWII
0 S 0 16a		ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Pood Ses	(YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 082 38 7370	Dorothy Ke	eller - Rock	Hall, Md.
	To accept the second				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physicial physicial on popers.	PART I. DEATH WAS CAUSED	one cause per line for Ley, (b), and (c), i	16	-/-	BETWEEN ONSET AND DEATH
d co	IMMEDIATE		IN Later	· Chos	Sul den
or o	4100	DUE TO, OR ASA CONSEQUENCE OF	7 1	1 1	
de d	Conditions, if any, which	(b) treferiusch	-ohi rear	t discure	man years
and the second	gave rise to immediate)			
t cot	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			1 1
d b old		(c)			
م م م م	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
ysicion. ysicion. onst permit. Their Hygiene prior to b 8 shaws any injur					
S Prio D	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
E Son	1			_ ~	YES \(\bar{\cappa} \text{NO } \(\bar{\cappa} \)
sicio presidente de la constanta de la constan	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	
2.5	OR CONTRIBUTING CAUSE OF DEATH				
Ter Ter Cer Cer Cer Cer Cer Cer Cer Cer Cer C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
this certification of Mental day from Mental day Mental day Mental day Mental day Medical Medical day and	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
A Property of the property of	AT WORK AT WORK			1	
P A SEE	22a I certify that (I) this despite	m) attended the deceased from	19.7.7	to 1/10	. 19 8 that (1) (we) last
T H H H	saw the deceased alive an	12-3 1080 0	nd that in (my) (oar) opinion o	leath occurred on the date and ho	our and from the causes stated
a defect	obove, (I) (velidad-(did not)	view the body after death.			
Dep Dep	22b. SIGNATURE		DEGREE	MEDICAL STAFF	22c. DATE SIGNED
Al Al	(Jan 1/1	I Samamim.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1112/8/
oned by ould be de the State of	226 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		1
FUN old b	Warmore	Ponidmin	Chartester	n Md	
) % V = 3 5		Benjamin	Chestertown		
23a	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY . STATE
BP	Burial	paris 15	od Cemetery	Oneonta, Ne	w York
24.	FUNERAL DIRECTOR	1981	25a. DATE	REC'D. BY REGISTRAR 256. REGIS	
DHMH-16 20M (VRA 15, 4) 7/7B	J HAME) ()	Chestertown,	Md.	11 1 1991 Line	tou hall

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X			OR STATE		ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H		2 3 0 8
	X		EGISTRAR EASED NAME FIRST	MEDIC		R'S CERTIFICATE O	REG. NO.	ONTH DAY YEAR ZL HOUR
	SE. FS. FT.		OR PRINT) · JOHN				OF ESTI-	/20/81 2
	RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS	ma	le white	5. DATE OF BIRTH MONTH DAY 7/5/1927	6. AGE (IN YEARS LAST BIRTHDAY) 53 YRS.	IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED 1/20	/81 19 2 Cup
	ESSA FRAL DR Y NTHIN RESTI	FOR	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WHAT		MARRIED NEVER MARRI	77	DUNTY OF DEATH ME
	SED SE		Y OR TOWN OF DEATH	11. NAME OF HOSPITA		DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) Block Operato	ORK 12b. KIND OF BUSINESS OR INDUSTRY Railroad
201	RETAIN BELOUID BE	USUA 13a S1	RESIDENCE (IF IN NURSING HOIAE	TY 13			13e. STREET ADDRESS 400 Main St.	Natification of the second
MD. 21	ATH. IF PM 3. 1 40 2 SH		THER'S NAME FIRST Michael	MIDDLE	LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
IMORE,	FORM FOR ION OF	16a. W.	AS DECEASED EVER IN U.S. AR	MED FORCES? 16	social security N	77	Conboy ADDRESS elly 742 S 8th	St Phila. Pa
T., BALT	18. GIV G WITH MT. PAG E, DIVISI		yes WW 2 8 18. CAUSE OF DEATH (Enter on PART DEATH WAS CAUSE)	ly ane cause per line far (742 0 0011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STONS	IN 24 H IN ITEM A ALONA SIT PERA HYGIEN	2	9109 IMMEDIA	DUE TO, OR AS	CONSEQUENCE OF			
1 W. PRE	DTED WITH EXAMINE HAL-TRAN MENTAL OR REMO		gave rise to immediate cause (a) stating the <u>under</u> -lying cause last.	(b)	CONSEQUENCE OF			
RDS, 301	EXECUTING IN INC. IN OICAL E A BURL	7	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO OEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PA	RT 1 (α).	
AL RECORDS,	"PEND "PEND IIEF MEI SED AS F HEALT	ICATIO	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERAT	TION WAS PERFORMED?	11,408.	20. AUTOPSY?
OF VITA	ATE SHORD THE CHAPTON AENT ON BURNAL	CERTIF	210. EXTERNAL CAUSTWAS UNDERLYING FOR	THE TIME OF INJ	ONTH DAY YEAR	21c. HOW INJURY OCCURRE	SENSE MATURE OF BRUST IN THE REPART I	OR PART 2)
DIVISION OF	CERTIFIC ITING THE DED TO E 3 SHOU DEPARTA PRIOR TO	MEDICAL CERTIFICATION	CONTRIBUTING CAUSE OF	21e. PLACE OF IN	JURY (AT HOME,	211. LOCATION STREET	- L CITY OR TOWN	COUNTY STATE
ā	E, WRIT.	*	WHILE AT WORK AT WORK 220. I certify that I took charge	Sutoal	Manner	Autopsy , Inspectio	ulcure ma	my apinian
	STIFICAL STIFICAL BE FO SECTOR STAND,				ident XX, Suici	de . Hamicide .	Undetermined manner ,	пу ориноп
	CALEX. THE CEISHOULD RAL DIR. WE, WAR.		SIGNATURE RODE	rt W. Far	r	M.D. Deput	MEDICAL EXAMINER S	1/20/81 IGNED 1/20/81
	XECUTE AGE 4 S O FUNE FTER DE.		EXAMINER'S NAME (TYPE OR PRINT) KE	ent County		address_Che	stertown, Md.	21620
	TO PA	23a.Bl	JRIAL, CREMATION, REMOVAL	3b. DATE	231. NAME OF CEME	TERY OR CREMATORY	73d. LOCATION	COUNTY STATE

US Nat. Cemetery

Chestertown, Md.

Beverly, New Jersey
TERECO BY REGISTRAR 256 REGISTRAR'S SENAME

STATE

DHMH - 17 (VR A15 ME (5)) 15M 7/76

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Burial

1/23/81

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.	TOFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral officette should be detached for use as the burdal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner musable notified all once
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	Sim 10	9 ,
1 DECEASED NAME	FIRST	Mic	DDLE		AST	20 DATE OF DEATH		DAY YEAR	26. HOUR A
(TITE OKPRINI)	Florenc	e	NMN	L	each	January .	5, 1981		11:30
3 SEX	4 RA	CE		5 DATE C		6. AGE (IN YEARS LAST &		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female		White	2		ober 6, 1903	77	YRS.	MONINS	MIN.
New Jerse		U.S.	HAT COUNTRY?	1	D NEVER MARRIED	BALTIMORE CITY Kent Cour	_	OF DEATH	MD
Ohesterto		FNOT IN SUCH I	FACILITY, GIVE STREET A	G HOME (or other institution nne's Hospita	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Farm OWN	TION OF WORKING LIFE		OF BUSINESS OR
usual residence (IFN 130 STATE Maryland		INSTITUTION, G		ADMISSION)	134. INSIDE CITY LIMITS? YES NO A	13. STREET ADDRESS Rte. 1, B			
14 FATHER'S NAME FIRST John	Fred	erick	Bisbe	е	Louise	MIDDLE	npion	Fer	guson
160 WAS DECEASED EV (YES, NO OR UNKNOWN) NO	ER IN U.S. ARMED F		520-60-		Hospital Re		ress tertown		1620 1and
	ating the use last.	IE)		EATH BUT	Pictetes ne NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES	, WERE FINDI	NGS USED
RTIFIC					In the second	YES NO	YE	YING CAUSES	NO [
OR CONTRACTOR	CAUSE OF DEATH	IB TIME OF HOUR A.M P.M.	MONTH DA	Y YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18, P.	ART 1 OR PART 2}	
(IF EITHER, NOTIFY ME 216. INJURY OCCI- WHILE NO AT WORK AT		AT HOME, STREE	F INJURY T, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
22a.1 certify that	(l) (this haspital) at assed alive an Ja	tended the nuary the bady of	deceased from 5		arv 4 , 19 81 and that in (my) (aur) apinian of DEGREE	, taJanua death accurred an the			
0	DIV	10	~		ATTENDING PHYSICIAN		AFF ICIAN	1/5	10
	W. Farr,				Chestertown	, Maryland	21620		
230 BURIAL, CREMATIO	N, REMOVAL 236	DATE /10/			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	New	COUNTY	STATE

DHMH-16 25M (VRA 15, 4) 1/79

BP.

24 FUNERAL DIRECTOR

ells Chestertown, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SHOWATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Page 4 may be

executed within 24 hours

ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP

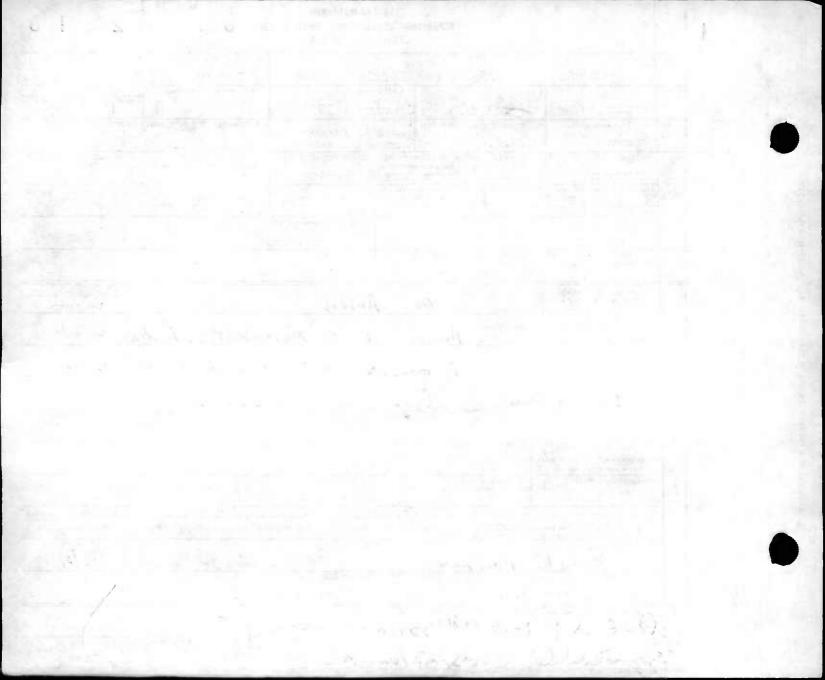
STATE OF MARYLAND 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0	2 3	10
		CEASED NAME	FIRST	,	MIDDLE	i	AST		MONTH DAY	YEAR	2b. HOUR
7	TYPE	RC	sie	E11	is	Litt	:le	January	9,1981	-	8:50 pm
	3. SE	х		RACE /	/	5. DATE C		& AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
a Ce		Female	Front St	Negro	CE	Janua		87	YRS. MO	NIHS DAYS	HOURS MIN
126		RTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
Tied 7		Unknown		U.S.A.		WIDOWE	**	Kent Coun	tv		MD
0	10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12h. KIND C	OF BUSINESS OR
10/	Ch	stertown					s Hospital	none	F WORKING LIFE	INDUSTRI	
) ineram	13a. S	AL RESIDENCE (IF NURS STATE ryland	13b COUN Kent	OTHER INSTITUTION. TY	GIVE RESIDENCE BEFORE 1130 CITY OR TOW Chestert	N	134 INSIDE CITY LIMITS?	Rt. #1 Box	577		
240	14. FA	ATHER'S NAME FIRST Unknow		DOLE	LAST		15. MOTHER'S MAIDEN NA. FIRST Unknown	WE	l a.	LAS	51
шео		VAS DECEASED EVER	IN U.S. ARA		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	100	
the	n		(IF YES, GIVE	WAR OR DATES)	Unknown		Hospital				
18 shows any injury, or other traumatic	CERTIFICATION	Conditions, if any gave rise to imicause (a) stotic underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	which mediate may the last	DUE TO, OI DUE TO, OI DUE TO, OI ONDITIONS CO	ONTRIBUTING TO E	ENCE OF BLEENCE OF UOSC DEATH BUT	Arrest acute Myo la ofic Cordi NOT RELATED TO THE TERM Brain S N WAS PERFORMED	inal Disease OR CON 2ndrome 200 AUTOPSY? YES NO	DITION GIVEN 20h. IF YES, V IN CERTIFY II YES	10 to 100	0,
Lean 1		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA		The state of the s	TED TENTER INCOME OF MAGI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
narked or	MEDICAL	21d. INJURY OCCUR	RED	210 PLACE (AT HOME, STE		ARM, ETC)	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
IMPORTANT: If Item 21 is marked or Item 18 shows any injury,		220 Certify that (I) say the deceas above, (I) (we) (c) 22b. SIGNATURE 22d. PHYSICIAN'S N.	ed alive and did) (did not	Janinar view the body	e deceased fram_y 9 19 19 19 19 19 19 19 19 19 19 19 19 1	81_, 。	nd that in (my) (aur) opinion DEGREE ATTENDING		ate and haur o		SIGNED
POR	4	Susan K.	Ross	, M.D.			Chestertown	, Md.21620			
≥ 		SURIAL CREMATION,	REMOVAL	236. DATE 1-15	-1981 736. N	NAME OF C	EMETERY OR CREMATORY UES/c1 126. DAT	23d. LOCATION CITY OR TOWN		OUNTY AR'S SIGNA	STATE

chestertown md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79



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page 3

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een signed by the attending physician Then please remove carbon papers. P. or to burial, cremation, or removal.

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior

this certificate has

TO FUNERAL DIRECTOR:

DHMH-16 25M (VRA 15, 4) 1/79

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other

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or Item 18

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IMPORTANT: If Item

Page 4 may

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Ta. BIRTHPLACE

10 CITY OR TOWN OF DEATH

STATE OR FOREIGN

			CERTIFIC	CATE OF DE	NTAL HYG		REG. NO		2 3	3 1	ı
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E 18	B/AC	K	5 DATE OF MONTH	DAY	901	6. AGE INY	ARS LAST BIRT		F UNDER 1 YEAR		24 HRS MIN,
ign 7b	U.S.	AT COUNTRY?	MARRIED WIDOWED	NEVER MA	RRIED	9 BALTIMO	RECITYO	R COUNTY WT	OF DEATH		MD
11.	NAME OF HOS	ILITY, GIVE STREET A		OTHER INSTIT	UTION	120. USUAL	FOR MOST O			OF BUSINE	SSOR
HOME OR OTH	TER INSTITUTION, GIVE	RESIDENCE BEFORE CITY OR TOWN	y 11	34. INSIDE CITY	LIMITS?	13. STREET	ADDRESS	Q#	- (
ARA) o'RS	ET	5 MOTHER'S A	124	1 D &	MIDOLE	1	W.R.	ر کے ا	nt
FYES, GIVE WA		17-12-	4930	Me S	DA	isy	ADDRE	382	DIF (Box	(22
Enter only of CAUSED B		A SCO	5 c	CG	t F				BETWEEN	XMATE INTER	DEATH
which diote the lost.	(b) DUE TO, OR AS		#t	gerbar	me	HSC	R				
ICANT CON	NDITIONS CONT	RIBUTING TO D	EATH BUT N	OT RELATED TO	O THE TERM	IN AL DISE AS	E OR CONI	DITION GIV	EN IN PART 1	(0)	
ON	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORA	MED	YES []	DPSY?	IN CERTIF	, WERE FIND YING CAUSE S		H?
USE OF DEATH	216 TIME OF IN HOUR A.M. P.M.	JURY MONTH DA		21c HOW INJU	RY OCCUR	RED JENTER NA	TURE OF INJUI	RY IN ITEM 18, P	ART 1 OR PART 2)		
	21e PLACE OF I			211 LOCATION STREET			CITY OR TOW	M	COUNTY	ST	ATE
olive on	attended the de	19	, ond	that in (my) (a	19	, to	ed on the do		19 r and from th		
) (did not) vi	ew the body afte	r death.	Ly	EGREE ATT	ENDING	MEDICAL	STAF	F		E SIGNED	
E (TYPE OR PRI	A. V	notor		ADDRESS C	nes	TEG	10 u	J ~ 1	Mb.		
	1 - 2 0 -	1981 13c N	AMI OF CE	METERY OR CR	EMATORY		ATION PRIOWN	-	COUNTY	r M	Z"

(IF NO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTI 14. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIO CERTIFICATION 190 DATE OF OPERATION 19b. C 210. ACCIDENT WAS UNDERLYING 21b 1 HO OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e P JAT H NOT WHILE AT WORK 22s.1 certify that (1) (this haspital) attend saw the deceased alive on above, (1) (we) (did) (did not) view the HYSICIAN'S NAME (TYPE OR PRINT) 22d. 23a BURIAL CREMATION, REMOVAL 23b. DA Chesses Te Floure 250. Date recip. By registrar 250. Registrar's signature

HELEN TOWNSE BUILDS TOWN 12 181 JENAIC 18/14 C. 12-15/1901 77 2 143 X 42.0 614 LUCIALU AUGAL DACIA IA MOTADU 140.33 X WINDER X X F. O. A. INSIGN HOUNGELD ELENOUTH MANUAL NO - 217-12-480 NES DAISY WESTER HOME YATESCK A. MOTONY CHESTENTOW. MO. COUNTY TO - 1 BIT DIVION CEMI WHITE I HELD IN A PRINCE Manufasteging of the Dan ix

HOSPITALER ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Parkline by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction by the general for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours.
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other

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DHMH-16 25M

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 2ª DATE OF DEATH MONTH DAY YEAR 2h. HOUR (PIVER) (TYPE OR PRINT) 9:47p Frank James Piwer AGE (IN YEARS LAST BIRTHDAT) PONDER I YEAR 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR MON1H5 DAYS HOURS Male Whete October 23, 1917 63 YRS Je. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvainia U.S.A. WIDOWED DIVORCED MD. Kent County IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chestertown Kent and Queen Anne's Hospital Plumber Plummino USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE NIL COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Oueen Anne's Millington YES [NO D Box 934 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIDDLE LAST Frank James Piver Sr. Marv Mae Kleinhack Ián WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** IVES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) WWII 241-24-8826 yes Hospital Records Chestertown Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line lor (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE **A CONSEQUENCE** Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 28h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES | NOF YES [NO [21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ME (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from January 12 to January 12 saw the deceased alive on January 12 obove, (I) (we) (did) (did not) view the body alter death 19 81 ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 221 DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Wun Chestertown Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE CITY OF TOWN COUNTY STATE 1/16/81 Holy Sepulchre Cem. | Cheltenham. Burial Mont 24 FUNERALDIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE Chestertown, Md. (VRA 15, 4) 1/79

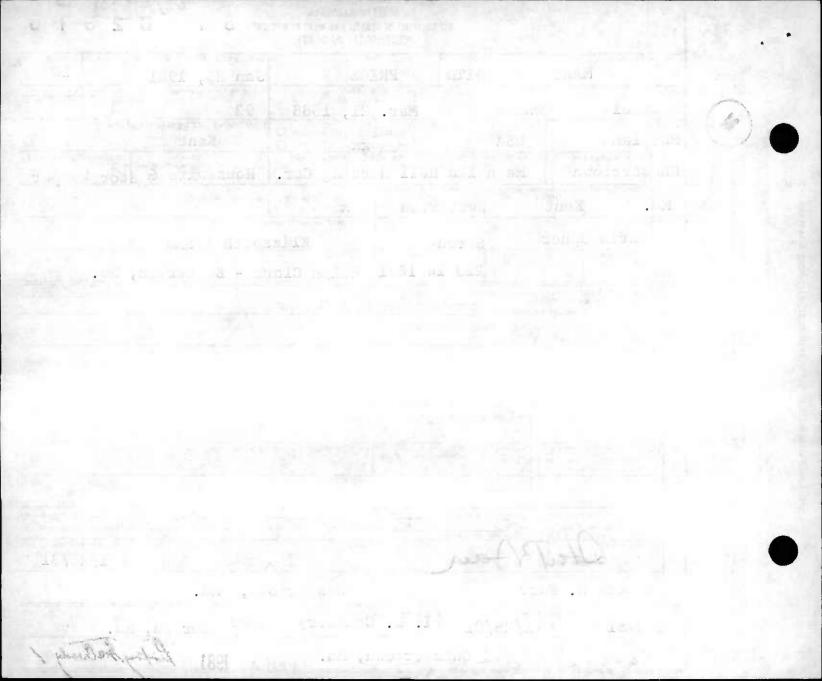
Clara Marie Commenter

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TON SI., BALTIMORE, MARYLAND 21201	death certificate be executed within 24 hours after deatn. Page 4 may be	ending physician and completely filled in by the funding the carbon papers. Pages 1 and 2 should be filed within 2.1, and 2 should be filed within 2.1, or removal.
DIVISION OF VITAL RECORDS, 201 W. PRESTON SI., BALTIMORE, MARTLAND 21201	TO HOSPITAL SE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funded to page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed within 12 moving the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

· X	FOR 1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 1	02313
0	1 DECEASED NAME FIRST		LAST	20 DATE OF DEATH MONT	
ge 3	MARY	EDITH PR	ICE	Jan 25, 198	81 10 "
pa r de	female	MONI	OF BIRTH DAY 1888	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (STATE OR FOREIGN	Th CITIZENI OF WHAT COUNTRY?		BALTIMORE CITY OR CO	OUNTY OF DEATH
1535	Maryland	USA MARRIE		Kent	MD.
by the filed within	Chestertown	11. NAME OF HOSPITAL, NURSING HOME (# NOT IN SUCHEMELLEY, GIVE STREET ADDRESS). MAGNOTIA HAII N	ursing Ctr.	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY Storekeeper
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ned by the attending please remove carbon please remove carbon purial, cremation, or recurs), or other traumati	Canditions, if any, which gave rise to immediate cause to), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BU			
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te has bee permit. The new san shows an	Arterioscles 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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by the hosp ERAL DIRE e detached f State Dept. ANT: If Ite	22b. SIGNATURE	Pr)an	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/81
retained by the TO FUNERAL should be determined with the State IMPORTANT:	Robert W.		22. ADDRESS Chesterto	wn, Md.	
BP	836 BURIAL, CREMATION, REMOVA		Cemetery or crematory	near Worto	on, Md.
DHMH-16 25M (VRA 15, 4) 1/79	IN FUNERAL DIRECTOR	Wells Chesterton		REC'D. BY REGISTRAR 25	intry habrardy /



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cian and completely filled in by the fun rs. Pages 1 and 2 should be filed within

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1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO).	2	3 1	4
	CEASED NAME	FIRST	,	MIDDLE	ı	AST	2a DATE O	FDEATH	HTMOM	DAY YEAR	26. HO	OUR
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3. SE.	K		4 RACE		5. DATE C		& AGE IN	EARS LAST BIRT	HDAY	MONTHS DA		DER 24 HRS
	Female		Whit	e	May		76		YRS		1.00.	-
	RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY O	R COUN	Y OF DEATH		
	Maryland		U.S.	Α.	WIDOWE	DIVORCED		nt Cou				M
10 C	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATE			D OF BUSI	INESS OR
	hestertov		Kent a	nd Queen	Anne'	s Hospital		wife				Emp
	at RESIDENCE 1# P STATE aryland		ROTHER INSTITUTION, NTY 2nt	GIVE RESIDENCE BEFORE 134 CITY OR TOW Chestert		134. INSIDE CITY LIMITS? YES X NO [130. STREET		Mano	r Apts	9-A	
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			LAST	
	Howard		NMN	Mitch	nell	Ma	ry A.	Pri				
lán V	VAS DECEASED EV	ER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT		ADDRE	SS		216	20
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	sow the dece	eosed olive or	-		31	DEGREE	death occurr			22c. D		ED
	224 PH SICIAN'S Patri		Molony,	M.D.	70	22 ADDRESS Chestertown						

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 1/13/81

23b. DATE

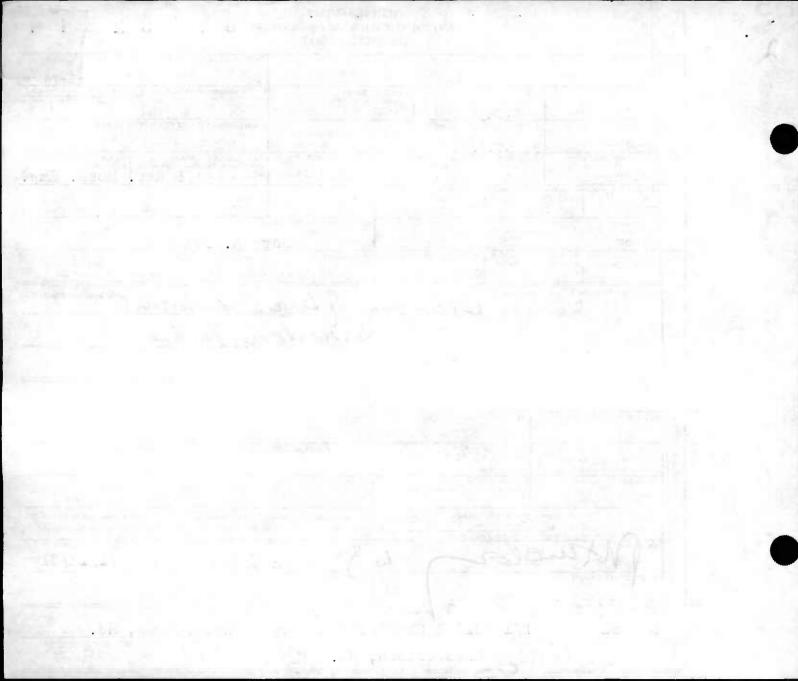
L NAME OF CEMETERY OR CREMATORY Chester Cemetery

Chestertown, Maryland 21620 23d. IOCATION COUNTY Chestertown, Md.

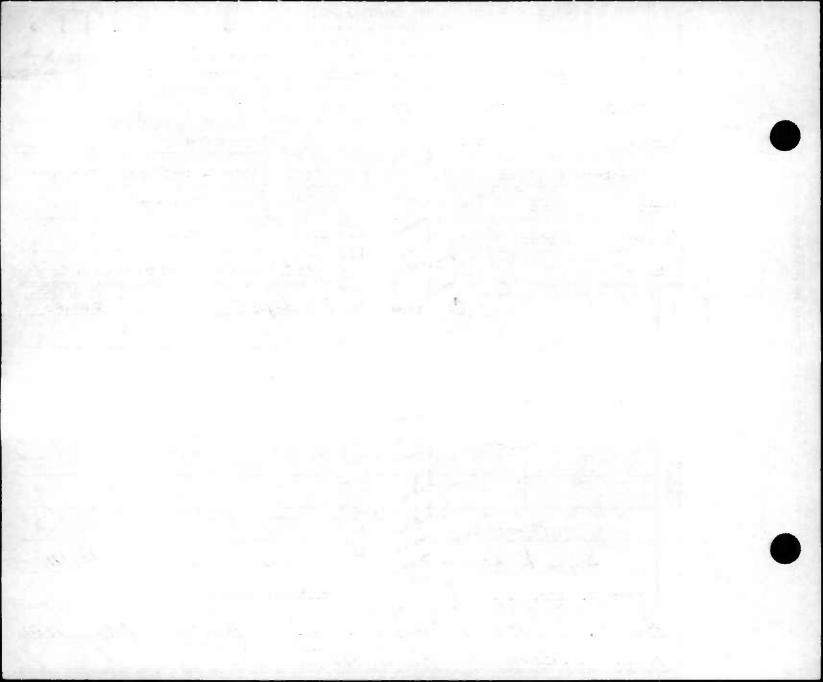
250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Chestertown, Md.

STATE



BECHYOR TOWN OF DEATH	Mary Satisfy		1	FOR - STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG	. NO.	2	3 1 3
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IL CITY OR TOWN OF DEATH	IN CITY OR TOWN OF DEATH Chestertown Conditions, if any, which gove rise to immediate course per line for too, too, too, and a consequence of the underlying course for the immediate cou		7о. в Ма	IRTHPLACE (STATE OR F	ORE IGN						_	TY OF DEATH	
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Robert Robert Christ Benson Mary Street Rathery Hopkins 164 WAS DECEASED EVER IN U.S. ARMED FORCES? NEVER 185 GORDANOWN 1 18 125 GIVE AND THE REPORT OF THE REMINAL DISEASE OF CONDITION GIVEN IN PART 1 10 18 ADTRESS 21620 18 CAUSE OF DEATH Henter only one couse per line for 10, (b), and (c). The part 1, to be the was closed by the underlying couse loss in stating the underlying couse loss to stating the underlying couse loss to stating the underlying couse loss. To the significant conditions contributed by the underlying couse loss to stating the underlying couse loss to the disease of peating of the underlying couse of peating the underlying couse of the underlying couse of the underlying couse loss to the underlying couse of the underlying couse loss to the underlying couse of the	HE FATHER'S NAME ROBERT STATE R	35	13a.	STATE	136. COUN Ken	OTHER INSTITUTION, ITY T				13e. STREET APBRE	S Box#35	7	
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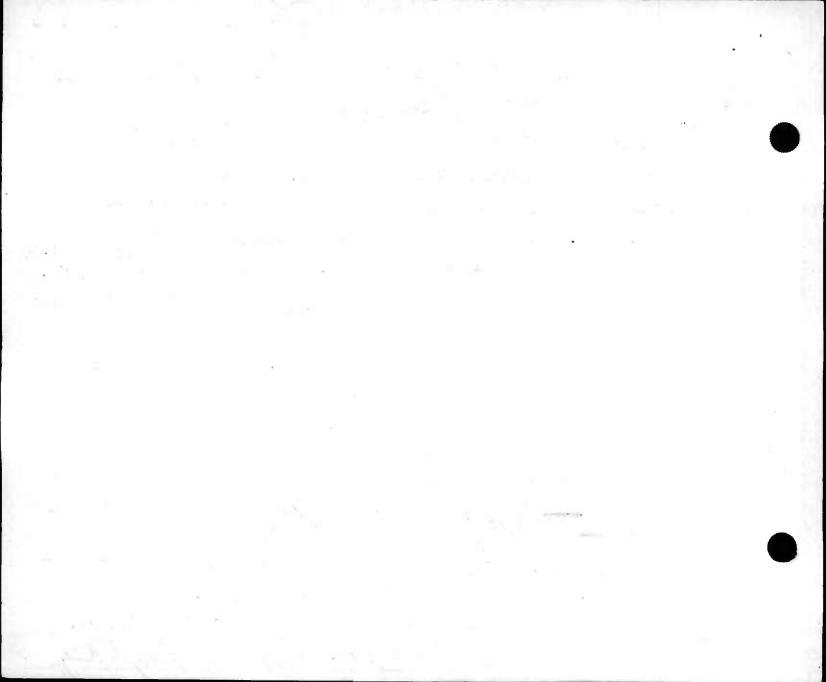


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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MIDDLE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/27/81

FOR

REGISTRAR

DECEASED NAME

- STATE

23c NAME OF CEMETERY OR CREMATORY St. Paul's Cem.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Chestertown, Md.

STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO.

MONTH

24, 1981

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS.

21661

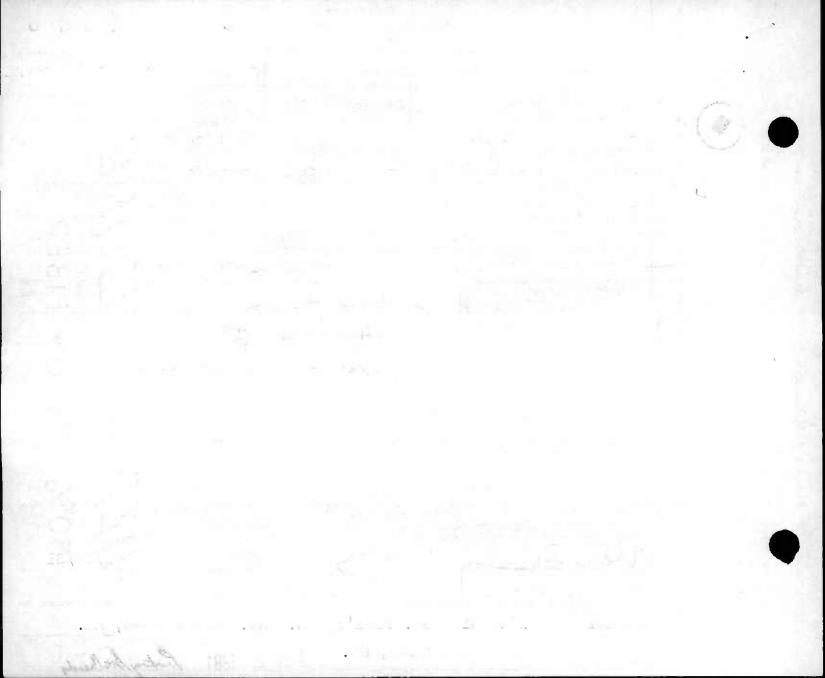
7:06P,M.

20. DATE OF DEATH

Of Chestertown, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 hours af ATTENDING PHYSICIAN: The law TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

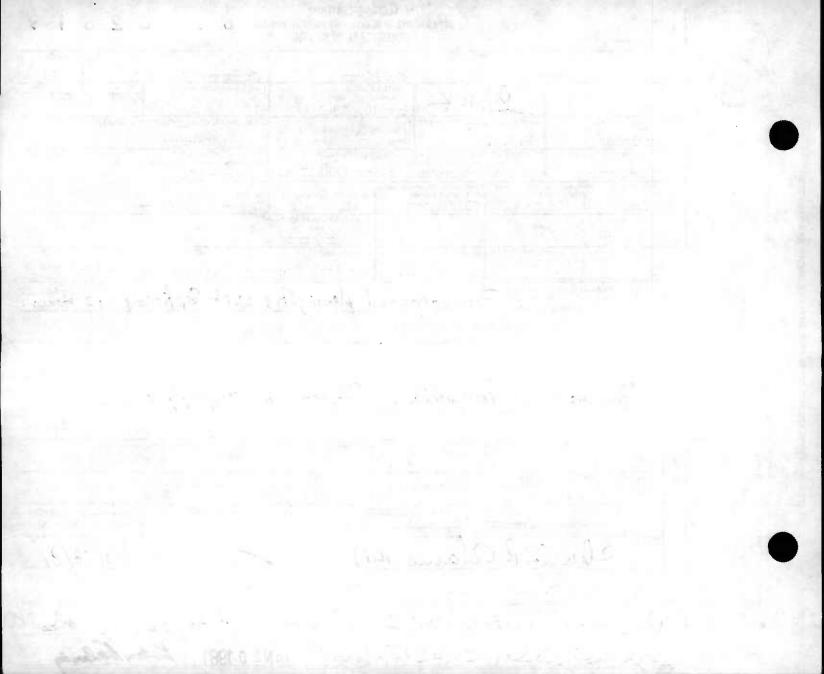
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	TRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	02)
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Mary1		U.S.A.	WIDOV		Kent Count		
IO CITY OR TO	OWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12e USUAL OCCUPATION		OF BUSINESS
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USUAL RESID	ENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	٧)			
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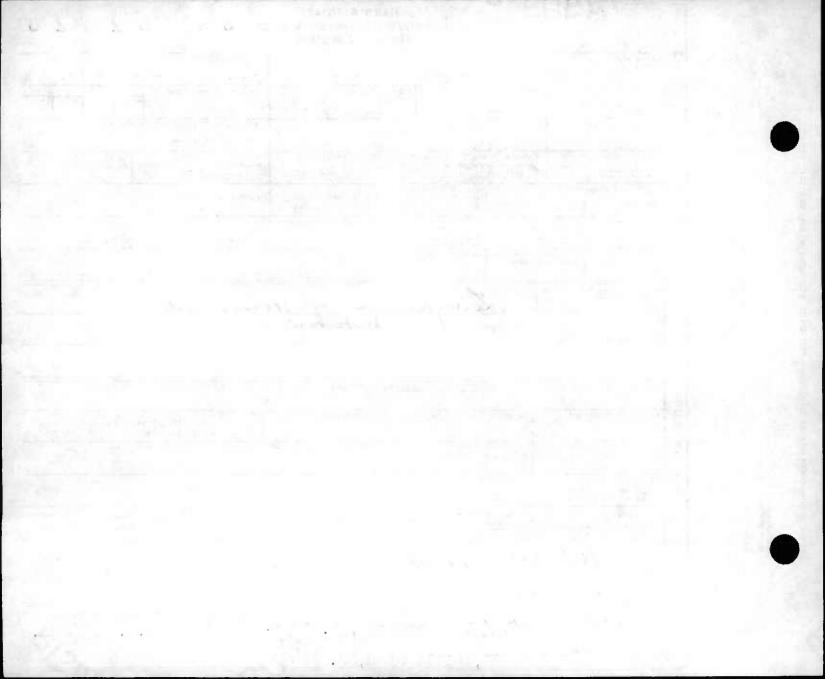
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es th	ase ral, c		underlying couse le
dainb.	ple buri		PART 2 OTHER SIGNIFIC
3	Ther son to any	ō	
TO HOSPITAL SH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be deteched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once	MEDICAL CERTIFICATION	190 DATE OF OPERATION
N c	t per /gien	E	
IICI A	rans rans al Hy	0	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE
HYS yhd.	nis ce rial-t Aent	ICA	(IF EITHER, NOTIFY MEDICAL EX
IG P	e bu	A	214. INJURY OCCURRED WHILE NOT WHILE
JOIN	African Africa		AT WORK AT WORK
TEN	use a Hea Hea 21 is		22a I certify that (I) (this
AAT	Tor t. of tem		saw the deceased a abave, (1) (we) (did) (
o bo	Ched Ched Dep If I		22h SIGNATURE
T Y	RAL deta		0.
OSP ed b	d be She S		Kin K. Wu
TO HOSPITAL ON ATTENDING PHYSICIAN retained by the hospital or attending physician	MPO /		
		23a E	BURIAL, CREMATION, REM
BP		24.5	Burial
DI	-MH-16 25M		UNERAL DIRECTOR
(VF	RA 15, 4) 1/79	13	dward Fell

STATE OF MARYLAND

1	FOR STATE REGISTRAR				FICATE OF DEATH		. NO.	0 2 .	3 2 U
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(11)	Sarah		Drucella		Teat	January	12 10	181	5.00 A
3. SE		4 RACE			OF BIRTH	& AGE (IN YEARS LAST		IF UNDER I YEAR	
	Female	Negro		Fob:	ruary 4. 1920	60	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MINE TO		9 BALTIMORE CIT			
	Marvland	U.S.		MARRIE	DIVORCED DIVORCED	Kent Co	untv		MD
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME (OR OTHER INSTITUTION	120 USUAL OCCUP	ATION		OF BUSINESS OR
(Chestertown	Kent a	ind Queen A	nne	's Hospital	Housewi	st of working fe	(IFE) INDUSTRY	
I	*	NOTHERINSTITUTION NTY een Anne			120 🗀		ss Box 4	48	
14. F.	ATHER'S NAME FIRST George Washing	MODIE	Tiller		15 MOTHER'S MAIDEN NAME FIRST Annie	ME Gertrud		Ellio	AST ††
16a.	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECURIT	ONY	17 INFORMANT		DRESS		21620
,	No No	E WAR OR DATES)	212-18-67	15	Hospital Rec	ords C	hester	town. M	arvland
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause iot, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS <u>C</u> (R AS A CONSEQUENCE ON TRIBUTING TO DEA	<u>ATH</u> BUT		INAL DISEASE OR C	20b. IF Y	GIVEN IN PART I	INGS USED
RTIF						YES NO		YES 🗌	NO 🗆
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM 18	B, PART 1 OR PART 2)	
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARA	A, ETC.)	21f LOCATION STREET	CITY ON	TOWN	COUNTY	STATE
	22a I certify that (I) (this hasp saw the deceased alive at abave, (I) (we) (did) (did no	ital) attended the Januar	e deceased from D v 12 19 81 after death.		nber 29 , 19 80 and that in (my) (aur) apinion (, to			, that (I) (we) last e causes stated
	276. SIGNATURE C.C. Ulum, M.D. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN []								13/8/
- 1	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS				/
	Kin K. Wun,	м.р.			Chestertown	, Marylan	d 2162	0	
23a	Burial, cremation, removal (SPECEY) Burial	23b. DATE			CEMETERY OR CREMATORY OWn, Mt. Pleas	234 LOCATION CITY OR TOWN	www 🗗 (COUNTY	STATE
24 F	UNERAL DIRECTOR	da / da / /	ADDRESS	ice () ()			AR 256 REGI	STRAR'S SIGN	JURE
E	dward Fellow	s & So:	n. Millir	igto	on, Md.	1001			



after death. Page 4 may be

executed within 24 hours

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or ather traumatic event, the medical ex

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RYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1-	FOR STATE REGISTRAR		DEPART		EALTH AND N	MENTAL HYGIENE 8 1 0 2 3 2 1 DEATH REG. NO.						
I. DE	CEASED NAME FIRST		MIOOLE	L	AST		2a. DATE OF E		DAY	YEAR	2b. HOUR	
(TYPE	Edna Edna	Ī	May	Th	omas		Januai	cy, 1	1,19	81	5:30 M	
3. SE	X	4. RACE		5. DATE C		YEAR	6 AGE (IN YEAR	RS LAST BIRTHDAY	IF UN	DER I YEAR	IF UNDER 24 HRS. HOURS MIN	
Fe	male	Negro		Feb.		909	71	,	YRS MONTE	IS DATS	MOURS MIN	
	RTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY	? 8	D NEVER M	ADDIED M	9 BALTIMOR	ECITY OR CO	UNTY OF D	HTASC		
	Md.	U.S.	Α.	WIDOWE		ORCED [K	ent			MD.	
10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	ING HOME C			12a USUAL O	CCUPATION			F BUSINESS OR	
Mi	llington	Home	TH FACILITY, GIVE STREE	T ADDRESS)			Homema	or most of work aker	(ING LIFE) IN	Home	,	
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL Md. Ker	YTML	13c. CITY OR TO		13d INSIDE CI	TY LIMITS?	13. STREET AL Chest	odress ervill	e Fo	rest	Rd.	
14. FA	THER'S NAME FIRST Wayman	WIDDIE	Thoma	ıs	IS MOTHER'S	IRST	ME	MIDDLE		Br	own	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC		17 INFORMAN	٧T		ADDRESS M	d. 2	1651		
	O .	IVE WAR OR DATES)	220-26	-2924	Leo 9	homas	, R.D	.1,Box	314		lington	
CERTIFICATION	18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSE IMMEDIAL Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSECU	UENCE OF DEATH BUT			INAL DISEASE	SY? 20b.	IF YES, WE	400 Yel	NGS USED	
TIFIC		IN CERTIFYING CAUSES OF DEA								OF DEATH?		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF E)THER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH (M.	DAY YEAR			RED (ENTER NATU	RE OF INJURY IN ITE	EM 18, PART 1 0	OR PART 2)	1982	
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATIO STREET	N	(CITY OR TOWN	C	OUNTY	STATE	
	22a-1 certify that (I) (this has saw the deceased alive a above, (I) (me) (did) (did- 22b. SIGNATURE			80	nd that in (my) (9		
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1118	1 1		- Indicinit	MEDICAL DIRECTOR	STAFF PHYSICIAN [1-19	-81	
	Harry P.Ro		D.				own, Mo	d. 216	20			
(Burial, CREMATION, REMOVA SPECIFY Burial	236. DATE 1/15	10= 4	NAME OF C	EMETERY OR C	REMATORY Ch. Cem	23d. LOCAT CITY OR 1 Ches	tervil	le.K	ent.	STATE	
	ward Fellows	s & Son	ADDRESS Milli		21651 1,Md.	256 DAIL	REC'D BY RE	NAK ZSB. R	EGISTRAR'	Allen de Hall	ure	

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